## AbstractID: 12804 Title: Development and Dosimetric Studies of Independent Dose Validation Software on Helical Tomotherapy

**Purpose:** To develop a 2<sup>nd</sup> dose validation software for helical TomoTherapy, study the sensitivity of the commission data variation on the final dosimetry impact, and inter-fraction setup uncertainty effect for patient quality assurance.

**Method and Materials:** A 2<sup>nd</sup> dose validation software for helical TomoTherapy, called *MU-Tomo*, has been developed to independently validates point dose upon archived patient documents, initial coordinates and planned dose of point of calculation, and common dosimetric functions. *MU-Tomo* has been validated with a hundred cancer cases (30 prostate, 26 head&neck, 18 lung, 17 pelvis, and 9 brain patients). Sensitivity studies were performed by oscillating fluctuation regions of off-axis profiles, shifting, and rotating profiles. Daily setup shifts were quantified into systematic and random shifts to evaluate dosimetric variations, separately.

Results: For dose validation, 98% of dose differences are within  $\pm 5\%$  with mean  $0.20\%\pm 2.06\%$ . Sensitivity studies show linear response by oscillating OARy, 15 times larger dose variation by shifting OAR<sub>y</sub> than OAR<sub>x</sub>, and less than 1.5% difference by rotating OAR<sub>x</sub> in  $\pm 6^\circ$  and more than 5% in  $\pm 1^\circ$  by rotating OAR<sub>y</sub>. Systematic variations are up to  $-10.02\%\pm 3.00\%$ . Mean random variations are up to  $-5.65\%\pm 1.90\%$ . ANOVA analyses show significant differences among patient random dosimetric variations and systematic dosimetric variations between head&neck-brain group and body group. Variations are not significantly correlated with treatment fraction number with the Pearson correlation analysis. The overall random dosimetric impacts to each patient are  $-0.0053\%\pm 1.11\%$ .

Conclusion: MU-Tomo, has been developed for TomoTherapy dose validation. Sensitivity studies on fifty patients have been evaluated that OARy profiles are more sensitive than  $OAR_x$  in dose calculation. Dosimetric consequences due to inter-fractional setup shifts on a hundred helical tomotherapy patients were assessed.

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